

# CERTIFICATE OF DEATH

no markings  
detected



Name  
in  
Full

G. Threl G. Adams

## CERTIFICATE OF DEATH

MARYLAND

Died at *Oxford*

Town

*Talbot-*

County

Date

of death

1909

Month

7

Day

23

Age

Years

2

Months

-

Days

8

Sex

*Female*Color or  
Race*Black*Birth-  
place*Oxford*

Occupation

*Infant-*Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband*Hattie Banks*Father's  
Name*William Adams*Father's  
Birthplace*Oxford*Mother's  
Maiden Name*Hattie Banks*Mother's  
Birthplace*"*Name of person giving  
Information*Mary E. Hall*How related  
to deceased*Grandmother*

## CAUSES OF DEATH

Primary

*Marasmus*

How long

*4 weeks*

Immediate

*Heart-failure*

How long

*18 hours*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

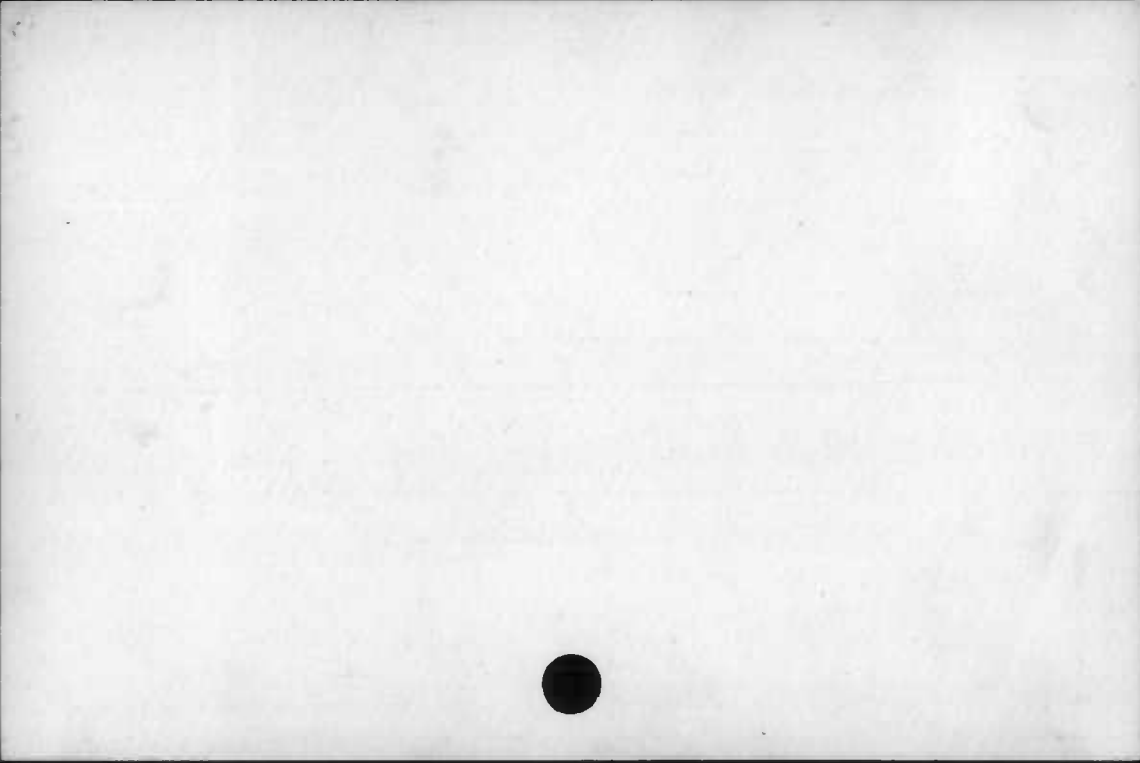
*S. P. Roberts**Oxford**Maryland*

Accident or Suicide

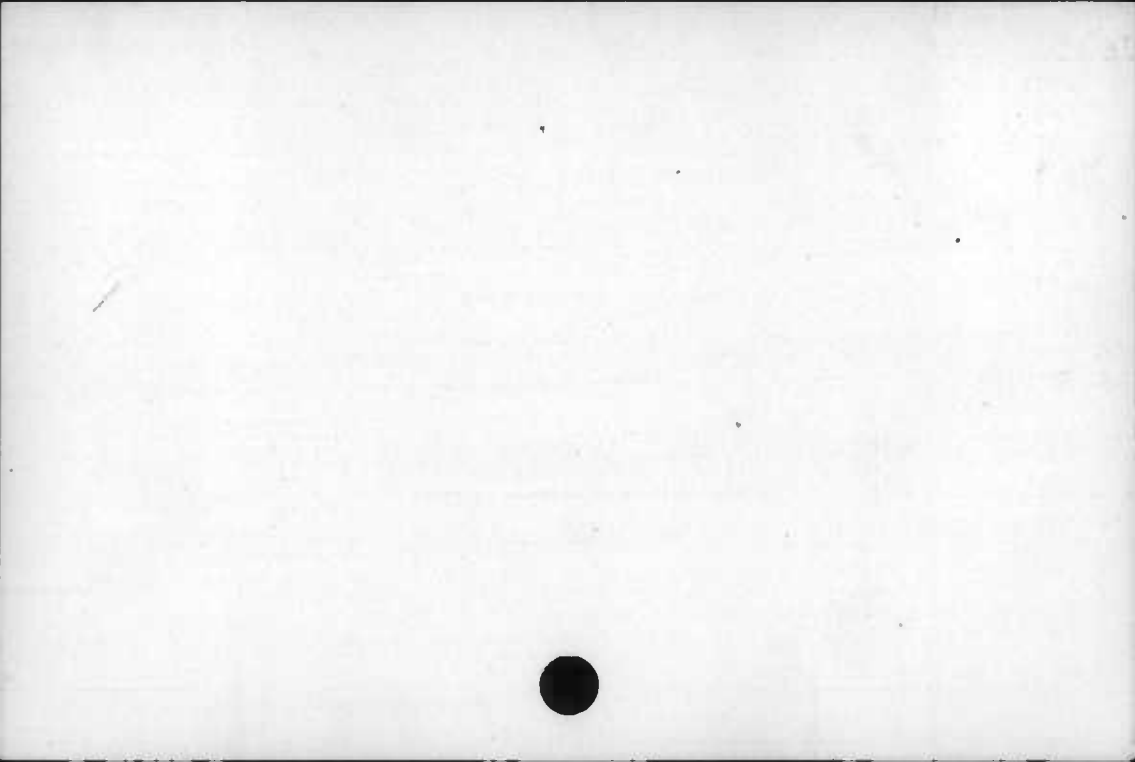
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		no name adams				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Oxford		County Talbot		MARYLAND		
	Date of death		1909	Month 7	Day 22	Age 0	Years 0	Months 0	Days 0
	Sex Female		Color or Race Black		Birth- place Oxford				
	Occupation Infant		Where Residing if not at place of death						
	Married, Single or Widowed		Name of Wife or Husband Hattie Banke						
	Father's Name Wm Adams		Father's Birthplace Oxford						
	Mother's Maiden Name Hattie Banke		Mother's Birthplace Oxford						
Name of person giving Information Mary E. Hall		How related to deceased Mother							
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Still born				How long		✓
	Immediate		✓				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician S. P. Roberts				
					Address Oxford Md				
	Accident or Suicide?								



Name in Full		T. Lelma Bridges				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bozman		Tallot		MARYLAND	
	Date of death	1909	July	27	Age	11	Months
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Child		Where Residing if not at place of death		Bozman	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Richard L. Bridge		Father's Birthplace		Tallot Co.	
	Mother's Maiden Name	Eva Juniper		Mother's Birthplace		Tallot Co.	
Name of person giving information	R. L. Bridge		How related to deceased		Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cholera Infantum				How long	10 days
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Chas. J. B. Selth
	Accident or Suicide?	No				Address	P. O. Michael's



Name  
in  
Full

Susan E. Bruff

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> St. Michaels <sup>County</sup> Talbot MARYLAND

Date of death 1909 <sup>Month</sup> July <sup>Day</sup> 22 <sup>Years</sup> Age 82 <sup>Months</sup> <sup>Days</sup>

Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Virginia

Occupation Housewife <sup>Where Residing if not at place of death</sup> St. Michaels

Married, Single or Widowed Widow <sup>Name of Wife or Husband</sup> John K Bruff

Father's Name Jas. Jeremiah Hubbard <sup>Father's Birthplace</sup> Virginia

Mother's Maiden Name Susan <sup>and</sup> Marie Patterson <sup>Mother's Birthplace</sup> Virginia

Name of person giving Information Edward L Jones <sup>How related to deceased</sup> Son in law

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Acute Gastritis <sup>How long</sup> 4 days

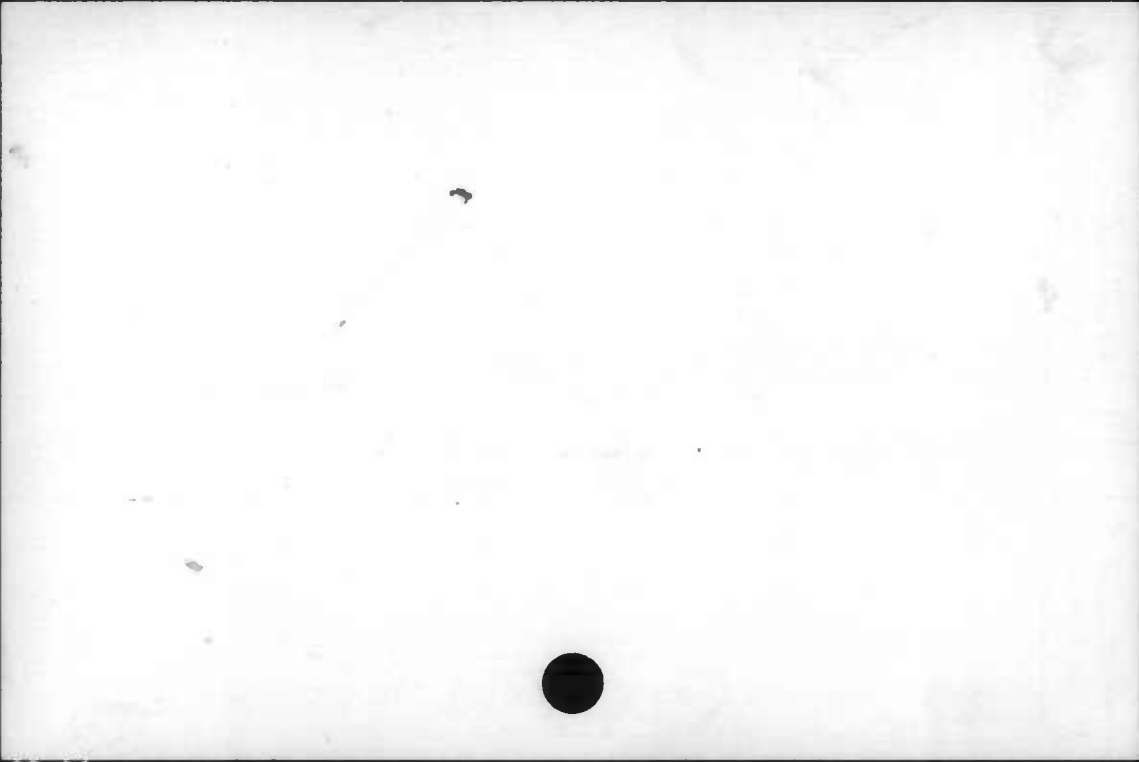
Immediate Cardiac Failure <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. H. Jones M.D.  
Address St. Michaels Md.

Accident or Suicide No

104



Name  
in  
Full

Georgetta Clark.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

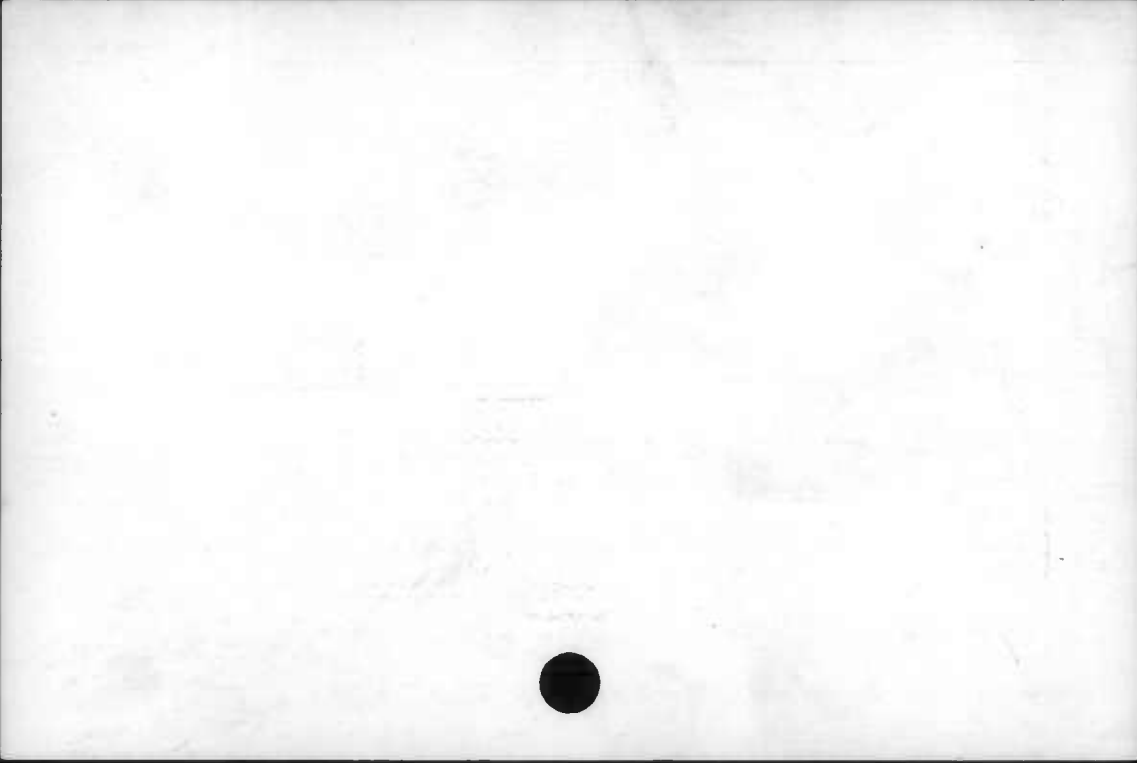
Died at <u>Easton</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>9</u> <sup>Month</sup>		<u>7</u> <sup>Day</sup>	Age <u>66</u> <sup>Years</sup>	<u>    </u> <sup>Months</sup>	<u>    </u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Talbot Co.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Easton</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Thomas A. Clark</u>				
Father's Name <u>Thomas Conway</u>	Father's Birthplace <u>Talbot Co.</u>				
Mother's Maiden Name <u>Sallie Scott</u>	Mother's Birthplace <u>Not Known</u>				
Name of person giving Information <u>C. A. Clark</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

40 X

PHYSICIAN  
OR CORONER

Primary <u>Carcinoma of abdomen</u>	How long <u>Six years</u>
Immediate <u>Exhaustion</u>	How long <u>one month</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. D. Wellson</u>
	Address <u>Easton Md</u>
Accident or Suicide	



Name  
in  
Full

## CERTIFICATE OF DEATH

Died at

James H Congquest  
St Michaels Talbot

MARYLAND

Date

of death

1909

Month

July

Day

20

Age

Years

67

Months

1

Days

16

Sex

Male

Color or  
Race

Black

Birth-  
place

Accomac Co. Va

Occupation

Fisherman

Where Residing if not  
at place of death

St Michaels

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Elizabeth Ames

Father's  
Name

Levin J Congquest

Father's  
Birthplace

Accomac Co Va

Mother's  
Maiden Name

Elizabeth Congquest

Mother's  
Birthplace

Accomac Co Va

Name of person giving  
Information

Levin J. Congquest

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Paralysis

How long

5 or 6 years

Immediate

Heart failure

How long

Immediate

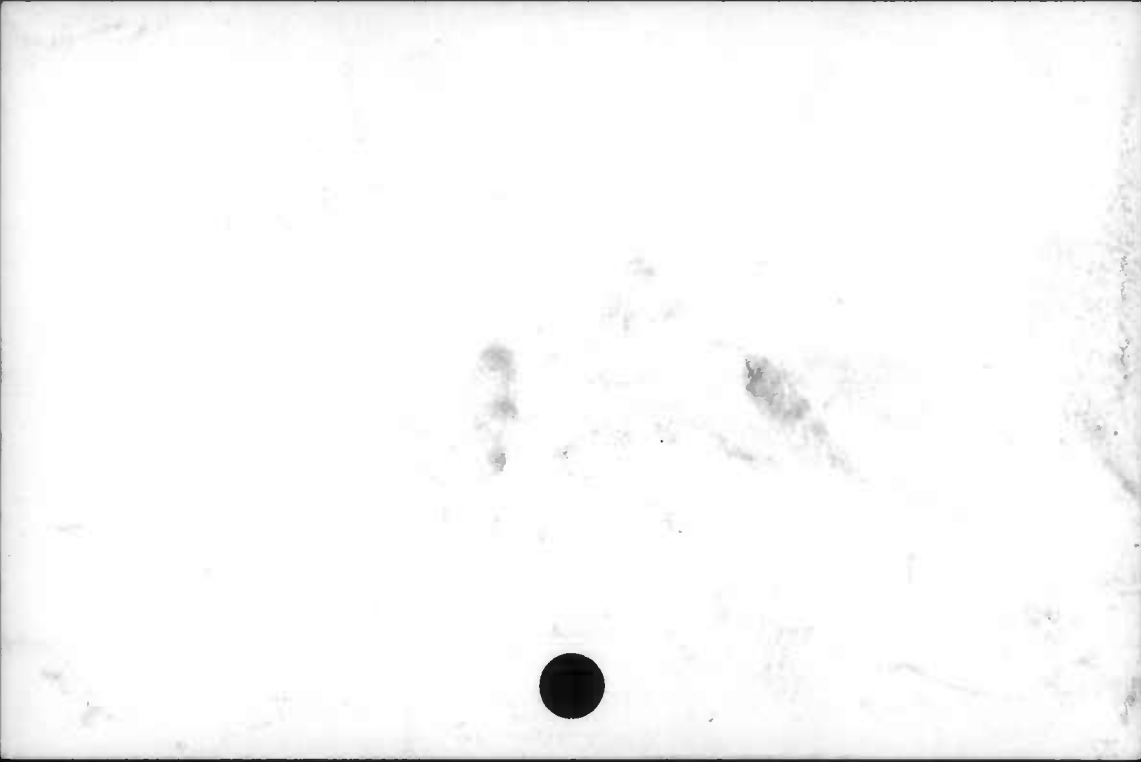
Are the name, age, sex, color, data  
and place correctly given above?Signature of  
Physician

Address

J. C. Owens M.D.  
St Michaels  
Md.

Accident or Suicida

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Carrie Ringold Cooper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Near Easton* Town *Talbot* County *MARYLAND*

Date of death *1909* Month *July* Day *31* Age *-* Months *4* Days *-*

Sex *Female* Color or Race *Black* Birth-place *Oxford*

Occupation *none* Where Residing if not at place of death *near Easton*

Married, Single or Widowed *Single* Name of Wife or Husband *Moses Cooper*

Father's Name *Moses Cooper* Father's Birthplace *Talbot Co.*

Mother's Maiden Name *Mattie Blackston* Mother's Birthplace *Talbot Co.*

Name of person giving Information How related to deceased *Father*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary *Supposed to be Cholera Infantum* How long *Twelve hours*

Immediate *No Dr* How long *few hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *John B Fairbank*

Address *Easton Md*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

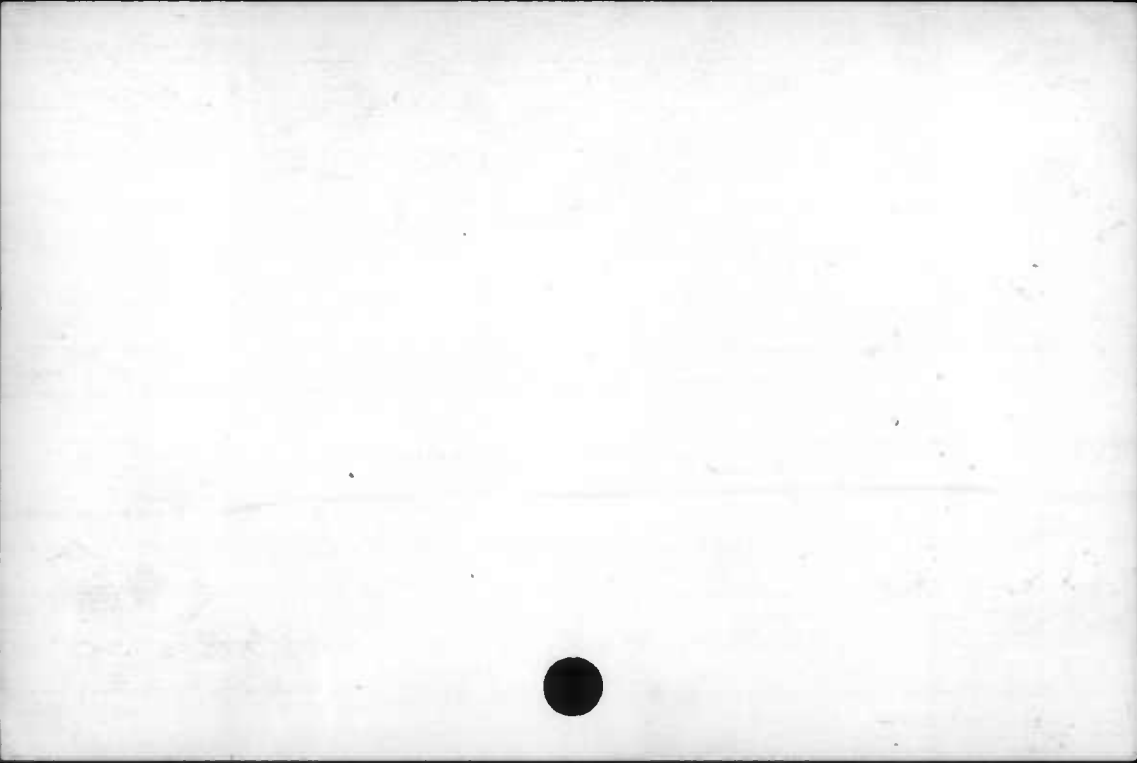
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Fairbank		Town		Talbot		County		MARYLAND	
Date of death		1909		July		27		Age		74	
Sex		Male		Color or Race		White		Birth-place		Baltimore	
Occupation		Carpenter		Where Residing if not at place of death		Fairbank Ind					
Married, Single or Widowed		Married		Name of Wife or Husband		Susan Ann Cummings					
Father's Name		Bernard Cummings		Father's Birthplace		Unknown					
Mother's Maiden Name		Nancy Sewell		Mother's Birthplace		Talbot Co.					
Name of person giving Information		Mrs. Susan Cummings		How related to deceased		Wife					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Nephritis		How long		12 yrs.	
Immediate		Uraemia & Heart Disease		How long		1 yr	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		S. K. Wilson	
				Address		Tilghman Ind	
Accident or Suicide							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

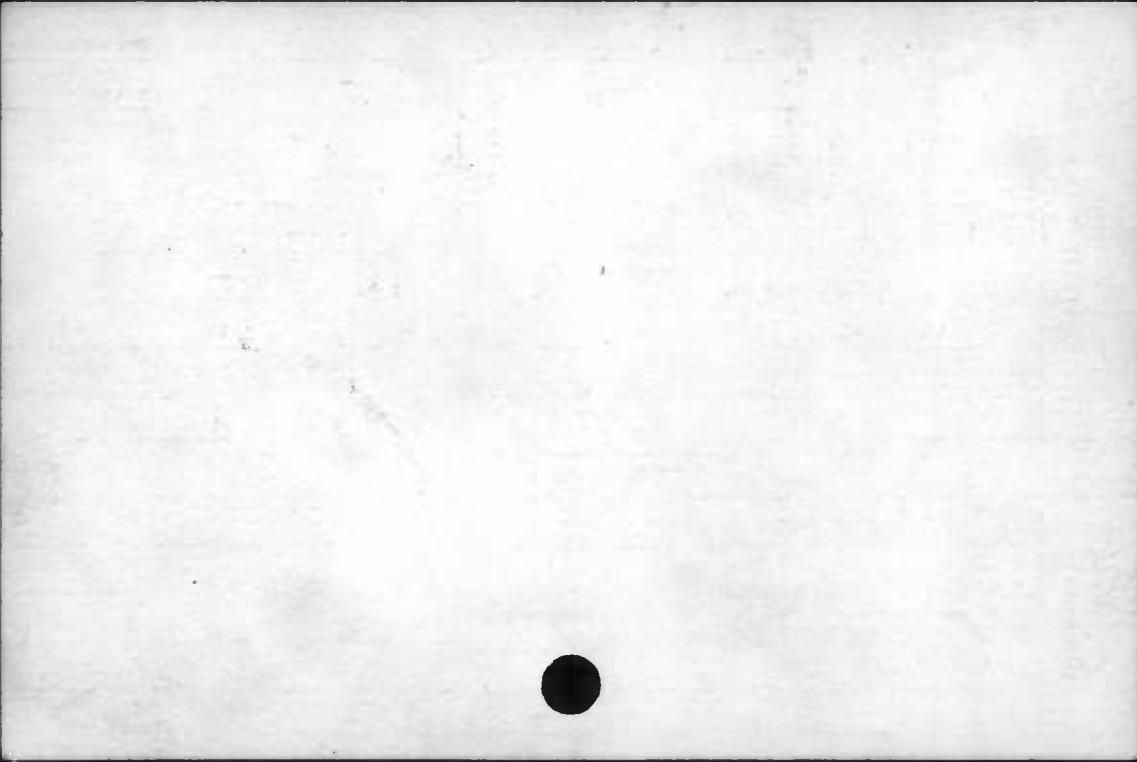
May 10 yott  
 Died at Hubber Town Talbot County MARYLAND  
 Date of death 1909 7 26 Age 37 Month — Days —  
 Sex Female Color or Race White Birthplace Talbot Co.  
 Occupation Housewife Where Residing if not at place of death —  
 Married, Single or Widowed Married Name of Wife or Husband E. H. W. yott  
 Father's Name William Page Father's Birthplace Dorchester Co.  
 Mother's Maiden Name Janie Cheymum Mother's Birthplace " "  
 Name of person giving Information E. H. W. yott How related to deceased Husband

## CAUSES OF DEATH

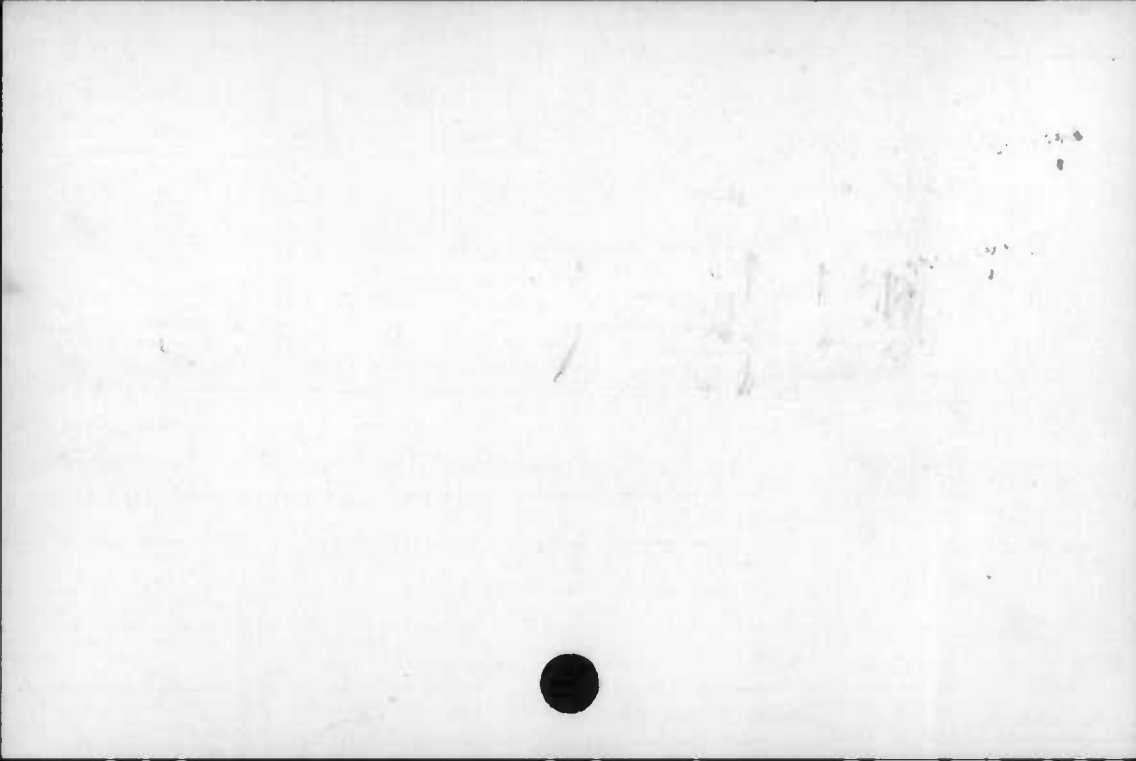
119

PHYSICIAN  
OR CORONER

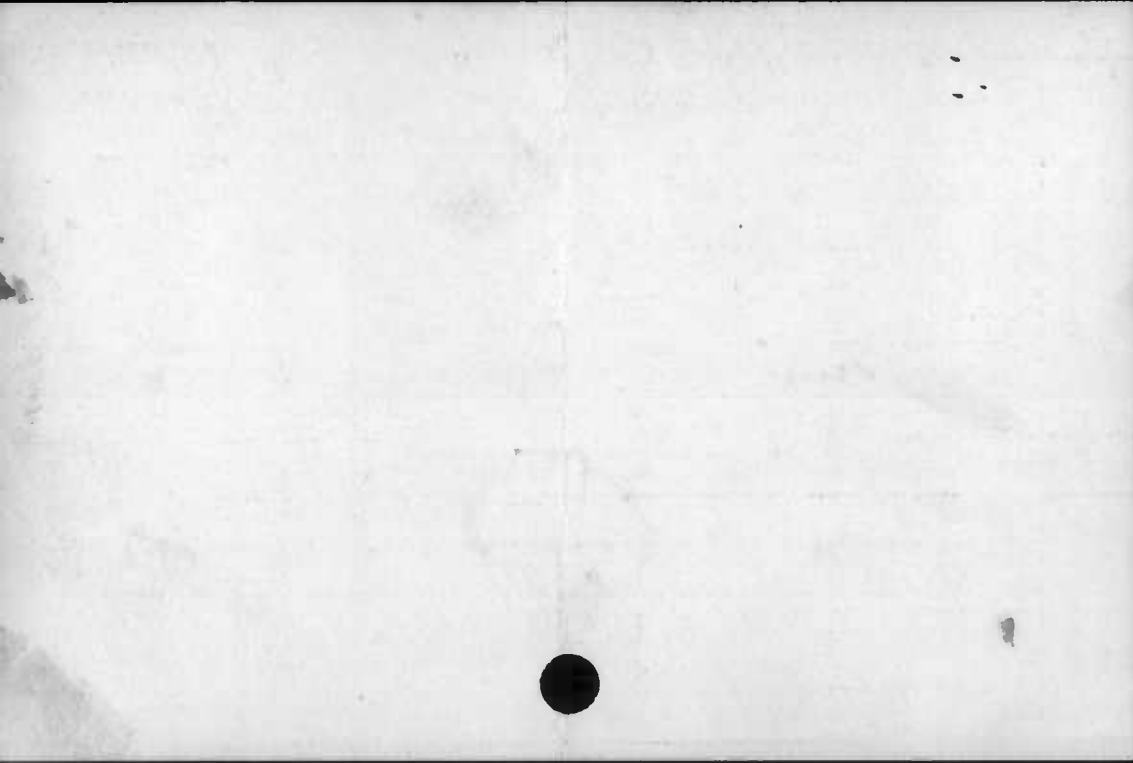
Primary Acute Nephritis How long Six days  
 Immediate yes Are the name, age, sex, color, date and place correctly given above?  
 Signature of Physician J. J. Slivers  
 Address Easton Md.  
 Accident or Suicide no



Name in Full		Harace Edmunds				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Boroman		County Talloh		MARYLAND	
	Date of death	1909	Month July	Day 3	Age 26	Years 7	Months 12
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Candy Maker		Where Residing if not at place of death		Baltimore Md.	
	Married, Single or Widowed	Married		Name of Wife or Husband	Ella F. Edmunds		
	Father's Name	George Edmunds		Father's Birthplace	Richmond, Va.		
	Mother's Maiden Name	Julia Trayer		Mother's Birthplace	Richmond, Va.		
	Name of person giving information	George Edmunds		How related to deceased	Father		
CAUSES OF DEATH							172 X
PHYSICIAN OR CORONER	Primary						How long
	Immediate	Accidental Drowning					How long
	Are the name, age, sex, color, date and place correctly given above?	Yes					Signature of Physician
	Address	St. Michaels, Md.					
Accident or Suicide?		Accident					



Name in Full		John Gleaves				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Prober's Wharf		Tallot				
	Date of death	1909	Month	July	Day	5	Age
	34		Years	10	Months		Days
	Sex	Male	Color or Race	Black	Birth-place	Tallot Co Ind	
	Occupation	Farm Labourer		Where Residing if not at place of death		Cordova Tallot Co	
	Married, Single or Widowed	Married		Name of Wife or Husband		Annie Hensley	
PHYSICIAN OR CORONER	Father's Name		Perry Gleaves		Father's Birthplace		Tallot Co
	Mother's Maiden Name		Henrietta Gleaves		Mother's Birthplace		Tallot Co
	Name of person giving information		John Gleaves		How related to deceased		Uncle
	CAUSES OF DEATH						172 X
	Primary						
Drowning						How long	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?			Yes.			Signature of Physician	C. M. J. M. D.
						Address	Cordova
Accident or Suicide?			Accident			Tallot Co Ind	



Name  
in  
Full

## CERTIFICATE OF DEATH

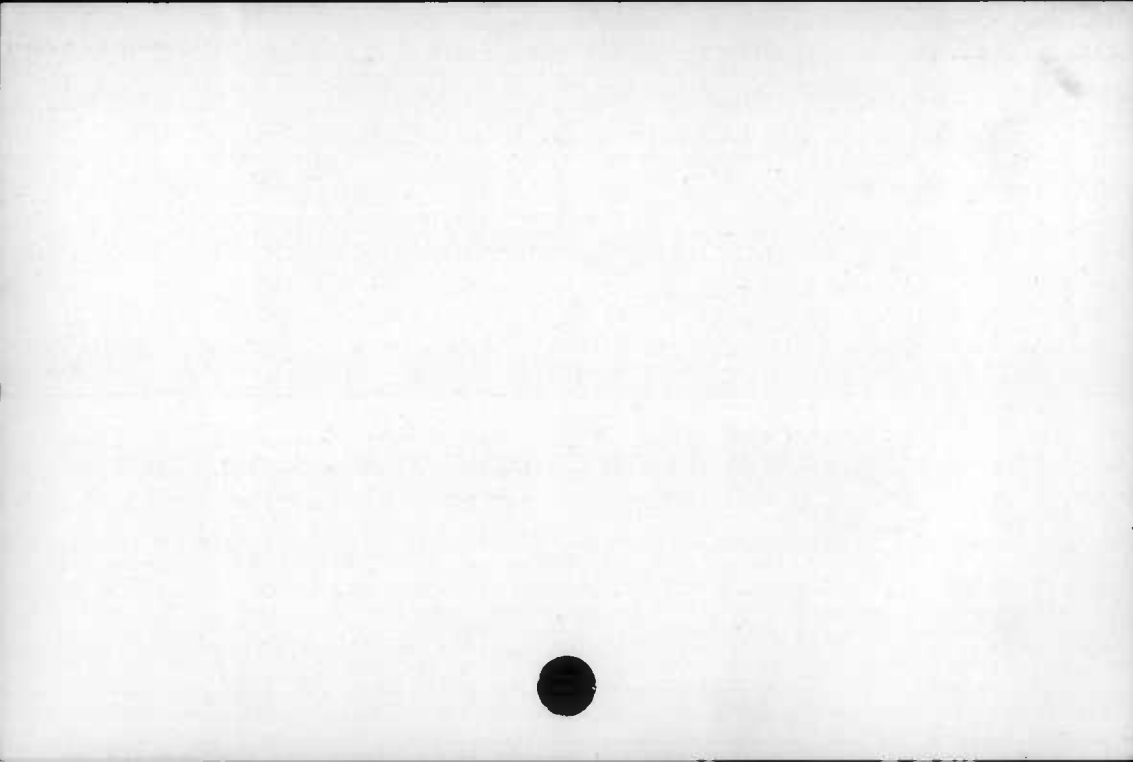
TO BE ANSWERED BY  
NEAREST FRIEND

Name <u>Sussie W. Haddona</u>									
Died at <u>Monette</u> <sup>Town</sup>					<u>Talbot</u> <sup>County</sup>				
MARYLAND									
Date of death		Month		Day		Age		Years	
1907		July		10		—		9	
Sex		Color or Race		Birth-place		Months		Days	
Female		White		Talbot Co.		9		2	
Occupation				Where Residing if not at place of death					
Died				Saw					
Married, Single or Widowed				Name of Wife or Husband					
Single									
Father's Name				Father's Birthplace					
Charles E. Haddona				Talbot Co.					
Mother's Maiden Name				Mother's Birthplace					
Lillie L. Wayman				Talbot Co.					
Name of person giving information				How related to deceased					
W. Frank Newman				Aunt					

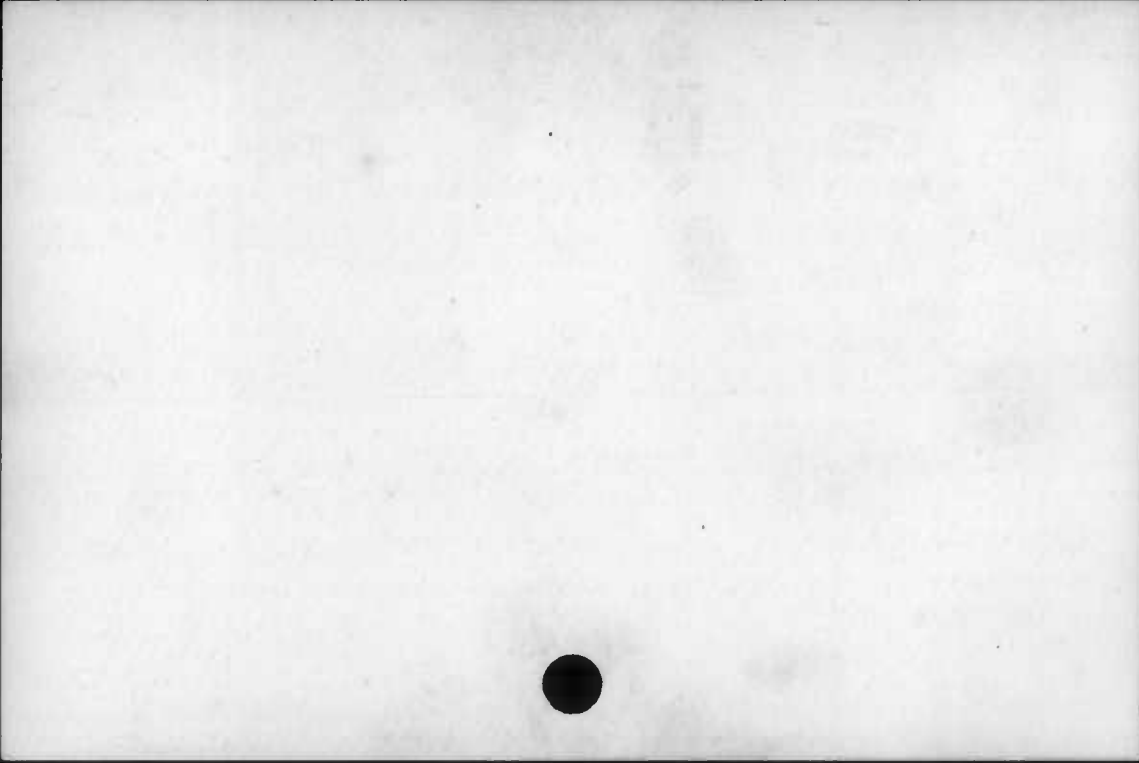
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
<u>Cholera dysenteria</u>		105 X 30 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. J. B. Sipe	
		Address	
		St. Michaels	
Accident or Suicide?		No	



Name in Full		Hammond				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Screamers Hill</i>		Town <i>Talbot</i>		County <i>Talbot</i>		MARYLAND
	Date of death	<i>1909</i>	Month <i>7</i>	Day <i>17</i>	Age <i>1</i>	Years <i>11</i>	Months <i>2</i>
	Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Talbot Co</i>			
	Occupation <i>Infant</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Elizabeth Hammond</i>				
	Father's Name <i>Jno H. Hammond</i>				Father's Birthplace <i>Easton</i>		
	Mother's Maiden Name <i>Elizabeth Nichols</i>				Mother's Birthplace <i>Easton</i>		
Name of person giving information <i>Father</i>				How related to deceased <i>Father</i>			
				CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Hydrocephalus</i>				How long <i>Since birth</i>		
	Immediate <i>Heart-failure</i>				How long <i>one hour</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>S. P. Roberts</i>		
					Address <i>Oxford Md</i>		
	Accident or Suicide?						



Name  
in  
Full

Rasa Lee Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Easton		County Talbott		MARYLAND	
Date of death		Month July	Day 19	Age 1	Years 1	Months 2	Days 18
Sex Female		Color or Race Black		Birth- place Easton			
Occupation X				Where Residing if not at place of death /			
Married, Single or Widowed X		Name of Wife or Husband X					
Father's Name Theodore Henry		Father's Birthplace Easton					
Mother's Maiden Name Magaline Johnson		Mother's Birthplace Easton					
Name of person giving Information Theodore Henry		How related to deceased father					

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary Cholera Infantum		How long 1 month
Immediate Exhaustion		How long 7 days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Chas H. Davidson
		Address Easton, Md.
Accident or Suicide		



Name  
in  
Full

CERTIFICATE OF DEATH

Joseph Jackson

Died at <sup>Town</sup> *Chappa* <sup>County</sup> *Talbot* **MARYLAND**  
 Date of death <sup>Month</sup> *July* <sup>Day</sup> *6* <sup>Years</sup> *65* <sup>Months</sup> *✓* <sup>Days</sup> *✓*  
 Sex *male* Color or Race *colored* Birth-place *Talbot Co.*  
 Occupation *Inmate of* Where Residing if not at place of death *County Home*  
~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband

TO BE ANSWERED BY  
NEAREST FRIEND

Father's Name *not known* Father's Birthplace *not given*  
 Mother's Maiden Name *" "* Mother's Birthplace *" "*  
 Name of person giving information *John De Gruchy* How related to deceased *Supt.*

CAUSES OF DEATH

Primary *Chronic Brights & Organic heart dis.* How long *Several yrs.*  
 Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *William S. Seymour*  
 Address *Chappa Md.*  
 Accident or Suicide *no*

PHYSICIAN  
OR CORONER



Name  
in  
Full

Myrtle Eugenia Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Age	Months	Days
1909		7	21		3	1
Sex	Female	Color or Race	Negro	Birthplace	Talbot Co Md	
Occupation	none			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Thomas Johnson			Father's Birthplace	Hahira Co N C	
Mother's Maiden Name	Louisa Ruby			Mother's Birthplace	Talbot Co Md	
Name of person giving Information	Thos Johnson			How related to deceased	Father	

## CAUSES OF DEATH

179

X

PHYSICIAN  
OR CORONER

Primary	Marasmus	How long	10 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Joseph A. Brown Esq	
		Address	
		Talbot Co Md	
Accident or Suicide			



Name  
in  
Full

Not Named

Jones  
Tallot

CERTIFICATE OF DEATH

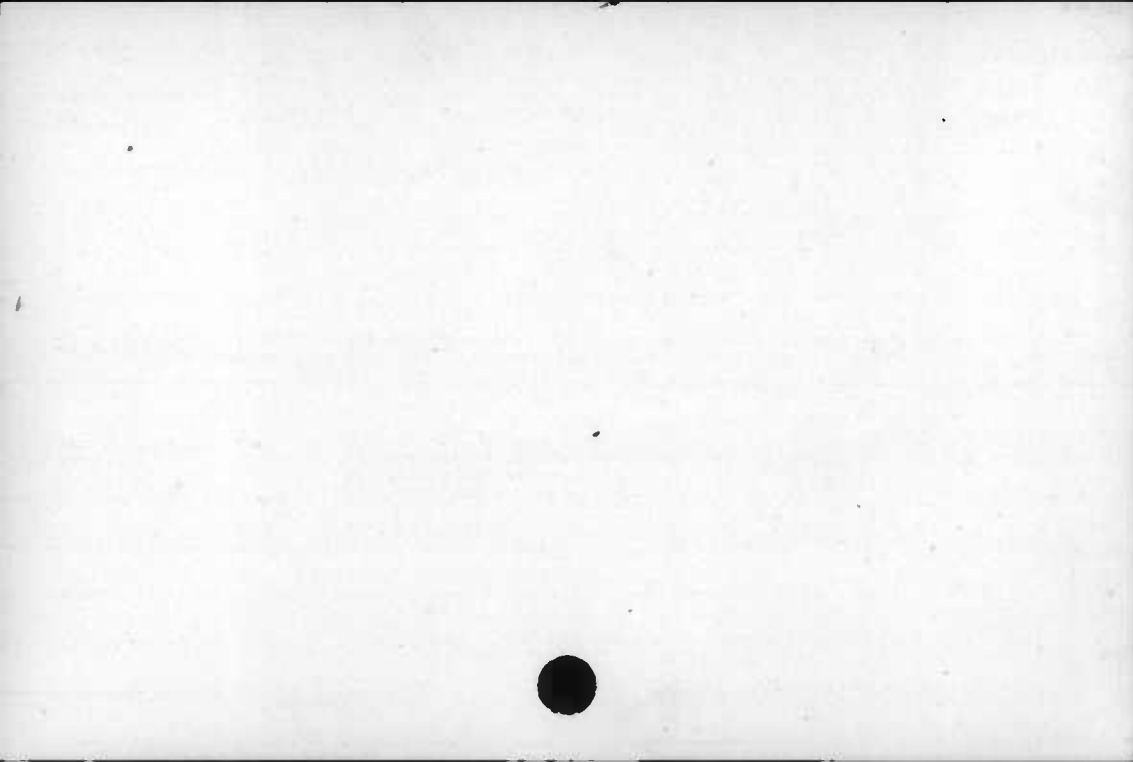
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bozeman</u> <small>Town</small>		<u>Tallot</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	July	Day	10
Age		Years		Months	Days
Sex	Male	Color or Race	White	Birth-place	Tallot, C.
Occupation	Child	Where Residing if not at place of death		Same	
Married, Single or Widowed	Single	Name of Wife or Husband <u>None</u>			
Father's Name	Theodore T. Jones Jr.			Father's Birthplace	Tallot C.
Mother's Maiden Name	Melissa Boone			Mother's Birthplace	Mayland
Name of person giving information	T. T. Jones Jr.			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>asphyxia "at Birth"</u>		How long	<u>(S) X</u>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D. J. B. Sells	
		Address	St Michael	
Accident or Suicide?		No		



Name  
in  
Full

## CERTIFICATE OF DEATH

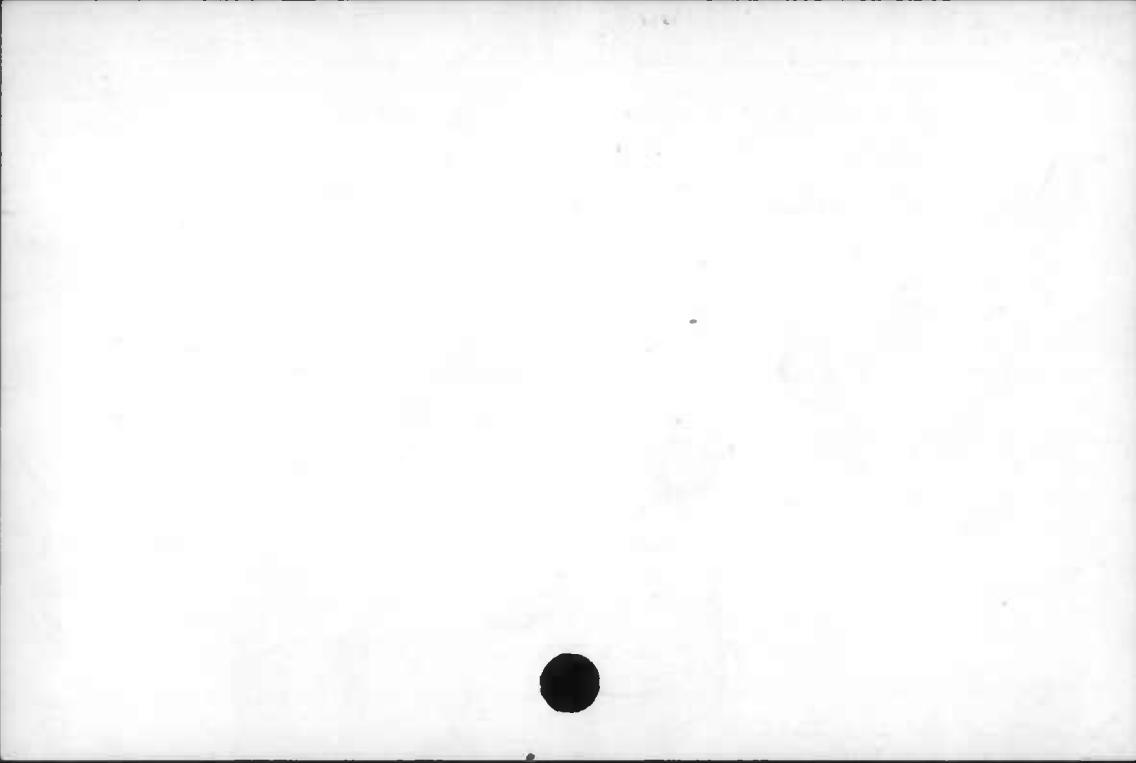
TO BE ANSWERED BY  
NEAREST FRIEND

Name *Josephine Lawrence*  
 Town *Easton* County *Talbot*  
 Died at *Easton*  
 Date of death *1909 July 7<sup>th</sup>* Age *30*  
 Sex *Female* Color or Race *col* Birth-place *U. S.*  
 Occupation *Housewife* Where Residing if not at place of death  
 Merriad, Single or Widowed *Married* Name of Wife or Husband *Jus Lawrence*  
 Father's Name *Moses Ferris* Father's Birthplace *U. S.*  
 Mother's Maiden Name *I don't know* Mother's Birthplace *U. S.*  
 Name of person giving Information *Her aunt* How related to deceased  
 (137)

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Peritonitis* How long *10 days*  
*Puerperal following miscarriage*  
 Immediate *Cardiac Failure* How long *4 hours*  
 Are the name, age, sex, color, date and place correctly given above?  
 Signature of Physician *James B. Merritt Jr.*  
 Address *202 E. Davenport*  
 Accident or Suicide



Name  
in  
Full

Brandia Marie Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

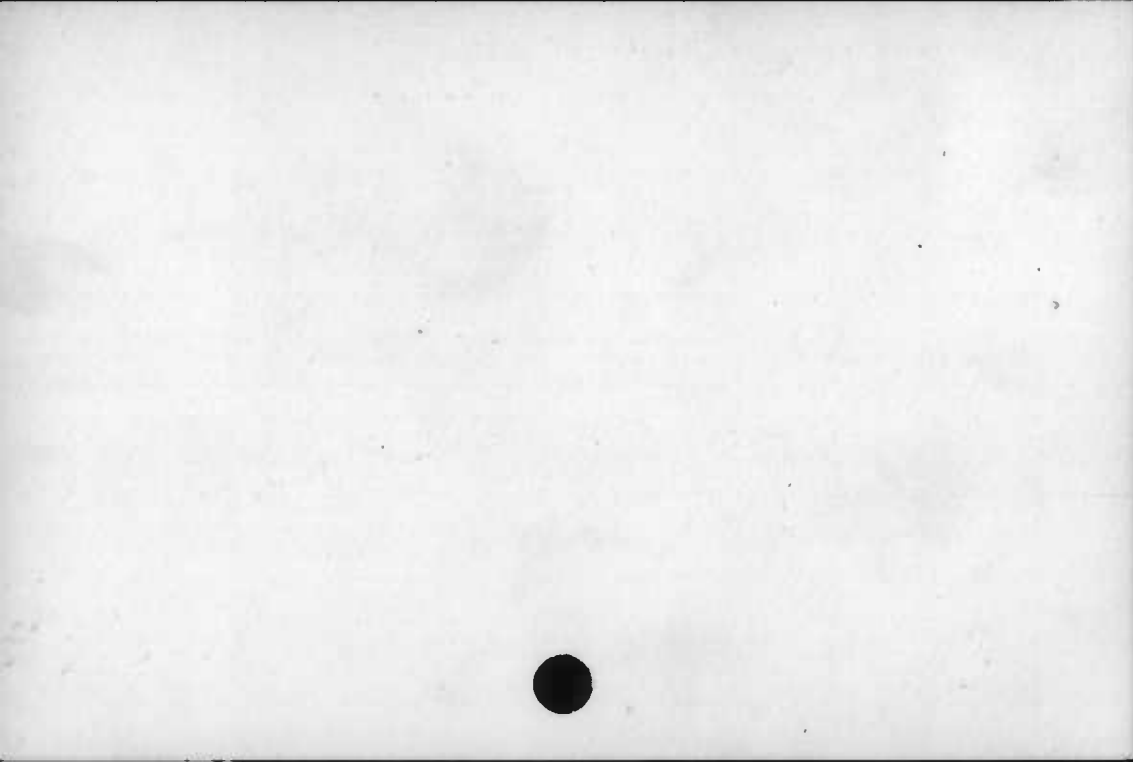
Died at <i>Offord</i>		Town <i>Offord</i>		County <i>Talbot</i>	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>10</i>	Age <i>4</i>	Years <i>0</i>	Months <i>0</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Bellvue Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Bellvue Md</i>				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>James Preston Moore</i>			Father's Birthplace <i>Bellvue Md</i>		
Mother's Maiden Name <i>Mary Green</i>			Mother's Birthplace <i>Bellvue Md</i>		
Name of person giving information <i>James Preston Moore</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>1 week</i>
Immediate <i>Exhaustion</i>	How long <i>1 Day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J M Eccles M.D.</i>
	Address <i>Offord Md</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

Meria Morris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bryman		County Tallot		MARYLAND	
Date of death		1909	Month July	Day 20	Age —	Years —	Months 7
Sex Female		Color or Race White		Birth-place Bryman		Days 13	
Occupation Child		Where Residing if not at place of death Same					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Robert H. Morris		Father's Birthplace Tallot Co.					
Mother's Maiden Name Ada Jumper		Mother's Birthplace Tallot Co.					
Name of person giving information R. H. Morris		How related to deceased Father					

## CAUSES OF DEATH

105

X

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long	1 wk.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Chas. J. B. Sells	
		Address P.O. Michael's	
Accident or Suicide?		No	



Name  
in  
Full

## CERTIFICATE OF DEATH

William O. Prickney

Town

County

Died at

McDaniel

Talbot

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909 July

18<sup>th</sup>

Age

9

3

22

Sex

Male

Color or  
Race

Black

Birth-  
place

McDaniel

Occupation

none

Where Residing if not  
at place of death

McDaniel

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Thomas Prickney

Father's  
Birthplace

Talbot Co.

Mother's  
Meiden Nama

Annie Roberts

Mother's  
Birthplace

Talbot Co.

Name of parson giving  
Information

Annie Aldridge

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

How long

How long

Immediate

Drowning

Are the name, age, sex, color, data  
and place correctly given above?

Yes.

Signature of  
Physician

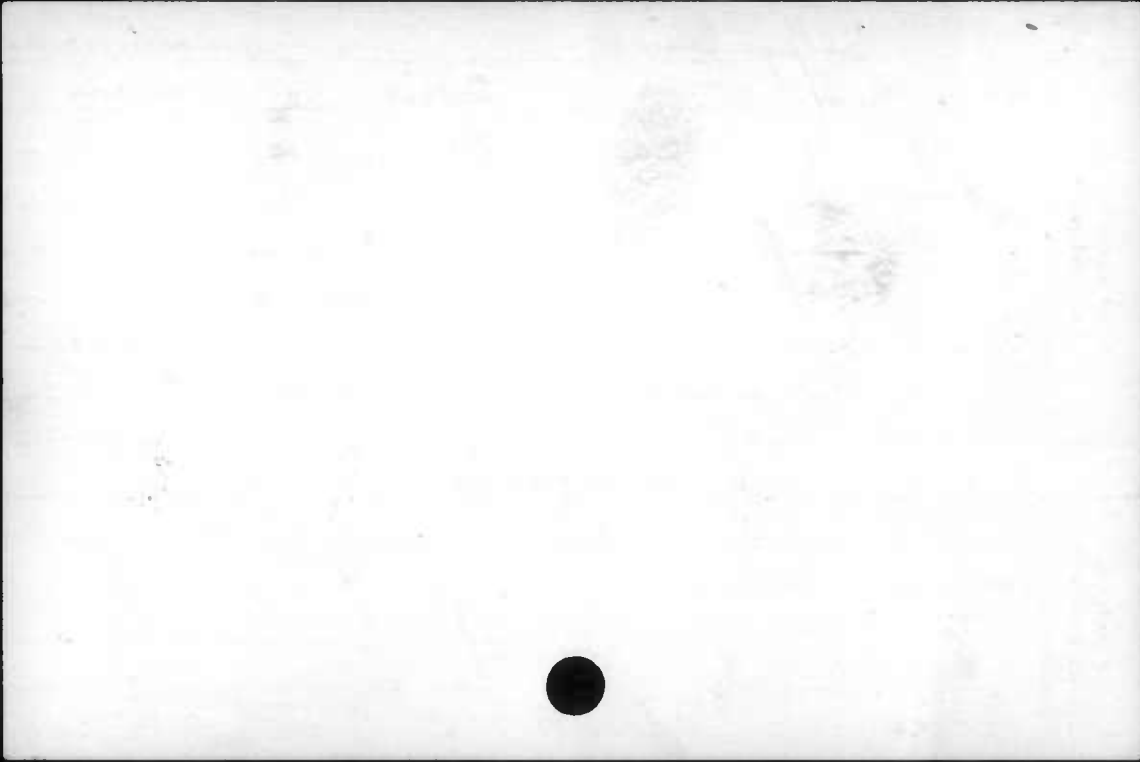
Joseph G. Skinner J.P.

Address

Acting Coroner,  
McDaniel, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Ellen Price.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Andy Lee* <sup>County</sup> *Talbot* **MARYLAND**

Date of death 1909 <sup>Month</sup> 7 <sup>Day</sup> 19- Age <sup>Years</sup> 87- <sup>Months</sup> — <sup>Days</sup> —

Sex *Female* Color or Race *White* Birth-place *Talbot Co, Md*

Occupation *Housewife.* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Widow* Name of Wife or Husband *Thomas. Price.*

Father's Name *Vincent Coleman* Father's Birthplace *Unknown*

Mother's Maiden Name *Catherine.* Mother's Birthplace *"*

Name of person giving Information *Alexander Cox-* How related to deceased *Grandson*

## CAUSES OF DEATH

123

Primary *Chronic Cystitis* How long *14 months*

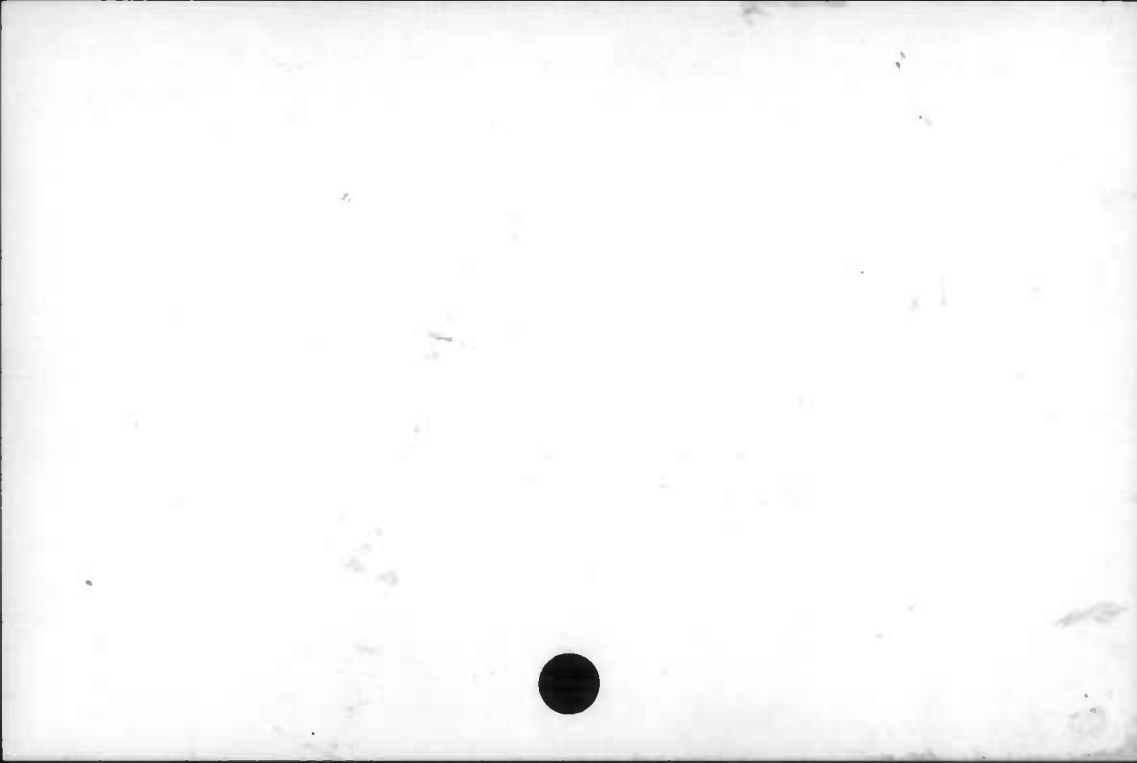
Immediate *Exhaustion* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Joseph A. Cox, M.D.*

Address *Trappe, Md*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Emma Purnell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Trappe* County *Talbot* **MARYLAND**

Died at *Trappe*

Date of death 1909 *July* Month *28* Day *25* Age *25* Years Months *—* Days *—*

Sex *Female* Color or Race *Negro* Birthplace *Trappe*

Occupation *Coal (x) washerman* Where Residing if not at place of death *Trappe*

Married, Single or Widowed *Married* Name of Wife or Husband *Howard Purnell*

Father's Name *George E. Green* Father's Birthplace *Trappe*

Mother's Maiden Name *Leah Coleman* Mother's Birthplace *Trappe*

Name of person giving Information *George E. Green* How related to deceased *Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

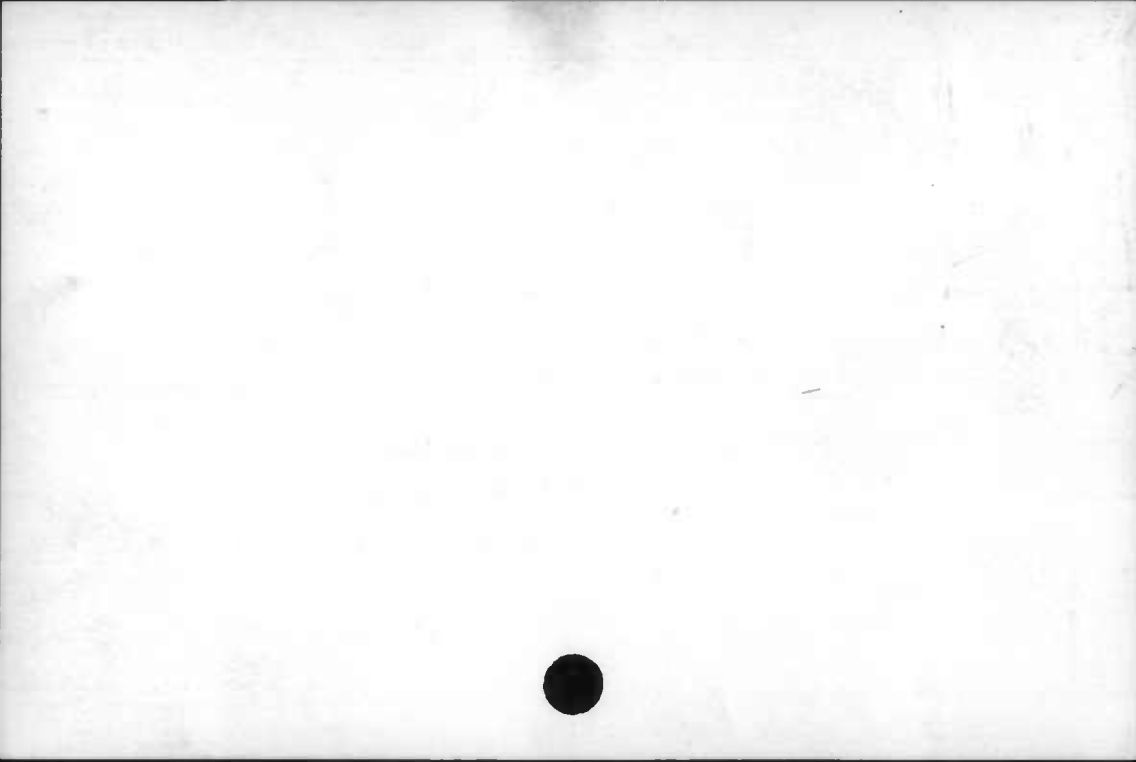
Primary *Tuberculosis* How long *14 months*

Immediate *Unknown* How long *unknown*

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *Jas. L. McCormick*

Address *Trappe*

Accident or Suicide



Name  
in Full

William George Wayman Rasin

CERTIFICATE OF DEATH

Died at

Easton

County

Talbot

MARYLAND

Date of death

1909

Month

July

Day

Sunday

Age

20

Years

Months

4

Days

18

Sex

Male

Color or Race

Black

Birthplace

Ind

Occupation

Porter

Where Residing if not at place of death

Easton

Married, Single or Widowed

married

Name of Wife or Husband

Katie Rasin

Father's Name

Perry P Rasin

Father's Birthplace

Jacke Point

Mother's Maiden Name

Elizabeth Friend

Mother's Birthplace

Caroline Co

Name of person giving Information

Perry Rasin

How related to deceased

father

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

one mo.

Immediate

Exhaustion

How long

one week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S. O. Sullivan M.D.

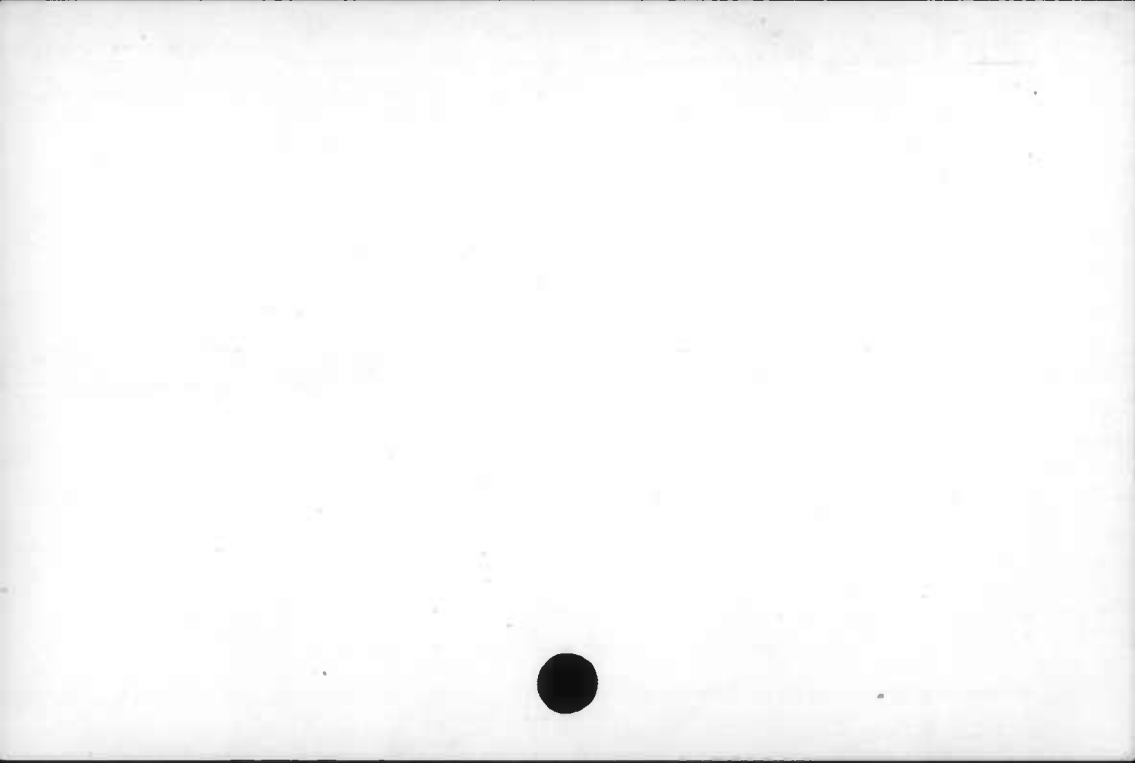
Address

Easton Ind

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

*Mrs. Mary Ann Sims*

Died at *Hittman* <sup>Town</sup> *Talbott* <sup>County</sup> **MARYLAND**

Date of death *1909* <sup>Month</sup> *July* <sup>Day</sup> *19* <sup>Years</sup> *60* <sup>Months</sup> *—* <sup>Days</sup> *18*

Sex *Female* Color or Race *White* Birth-place *Hittman Ind*

Occupation *House wife* Where Residing if not at place of death *" "*

Married, Single or Widowed *Widow* Name of ~~Wife~~ <sup>Husband</sup> *Robert Lambdin Sims*

Father's Name *John Mottley Marshall* Father's Birthplace *Talbott Co*

Mother's Maiden Name *Dorothy Harrison* Mother's Birthplace *Talbott Co*

Name of person giving Information *—* How related to deceased *—*

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary *Enterocolitis* *106* <sup>How long</sup> *1 yr*

Immediate *Nothemia* <sup>How long</sup> *—*

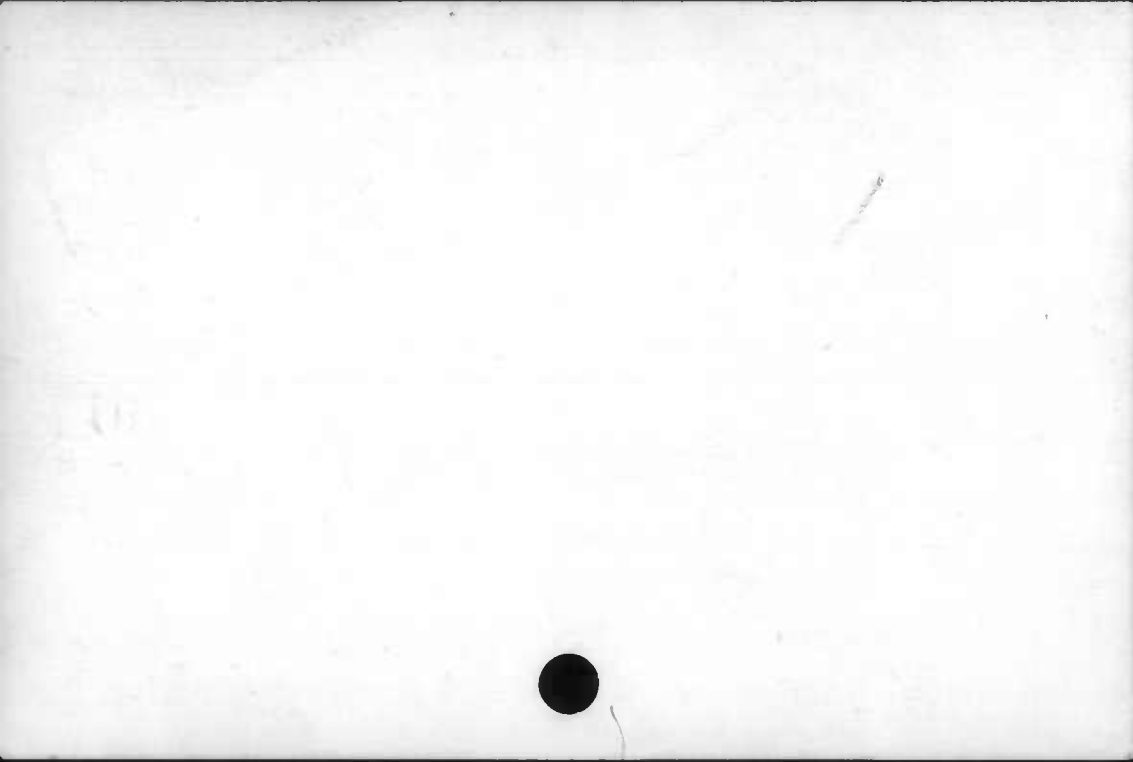
Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *S. H. Wilson*

Address *Talbott Ind*

Accident or Suicide *No*

PHYSICIAN  
OR CORONER



Name  
in Full

William Henry Smith

CERTIFICATE OF DEATH

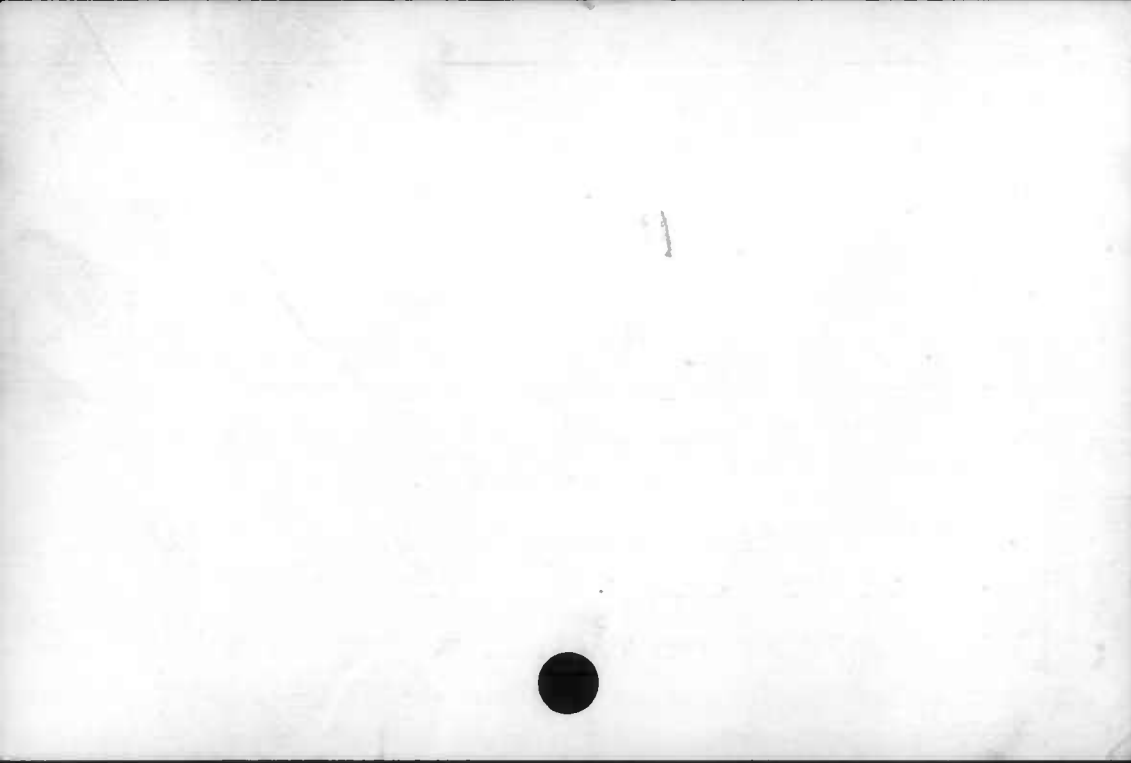
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Easton		County Talbot		MARYLAND	
Date of death		Month July	Day 11	Age	Years 82	Months	Days 1
Sex	male	Color or Race	Black		Birth-place	Queen Anna	
Occupation	waiter			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mary D Smith			
Father's Name	James Smith			Father's Birthplace	Talbot Co, Md		
Mother's Maiden Name	Charlotte Brisson			Mother's Birthplace	Queen Anna, Md		
Name of person giving Information	Joseph C. Smith			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Infirmities of age		(154) X How long 3 yrs
Immediate	Exhaustion		
Are the name, age, sex, color, date and place correctly given above?		yes	How long 1 week
Signature of Physician		Chas. F. Dandson	
Address		Easton Md.	
Accident or Suicide			



Name  
in  
Full

Annastasia Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Easton <sup>Town</sup> Talbot <sup>County</sup>  
 Date of death 1909 <sup>Month</sup> July <sup>Day</sup> 5 <sup>Year</sup> 67 <sup>Months</sup> X <sup>Days</sup> 1  
 Sex Female Color or Race white Birth-place Talbot Co  
 Occupation Housewife Where Residing if not at place of death X  
 Married, Single or Widowed widow Name of Wife or Husband Samuel P. Stewart  
 Father's Name Jobe Richardson Father's Birthplace Talbot Co  
 Mother's Maiden Name Annastasia Richardson Mother's Birthplace Talbot Co  
 Name of person giving Information Lee Stewart How related to deceased son

CAUSES OF DEATH

Primary Cancer of Stomach How long 4 months  
 Immediate General Anesthesia How long 5 days  
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician P. L. Rogers  
 Address Easton, Md.  
 Accident or Suicide



Name  
in  
Full

Margaret Cynthia Wales

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *St Michaels* <sup>County</sup> *Talbot* **MARYLAND**

Date of death 190 <sup>Month</sup> *9* <sup>Day</sup> *July* <sup>Years</sup> *29* Age *85* Months \_\_\_\_\_ Days \_\_\_\_\_

Sex *Female* Color or Race *White* Birth-place *Talbot Co.*

Occupation *House work* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Widowed* Name of ~~Widow~~ Husband *George Wales*

Father's Name *John Lanning* Father's Birthplace *New York*

Mother's Maiden Name *Mary Townsend* Mother's Birthplace *Talbot Co.*

Name of person giving Information *Geo. B. M'C. Wales* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Fractured femur - General Asthenia* *1 month*

Immediate *Cardiac failure* *How long \_\_\_\_\_*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Stope MD*

Address *St Michaels Md.*

Accident or Suicide *Accident*

Margaret Cynthia  
85 yrs

Jul 29  
Gettin' Fanning  
May Wendell of Ind  
My

Name  
in  
Full

CERTIFICATE OF DEATH

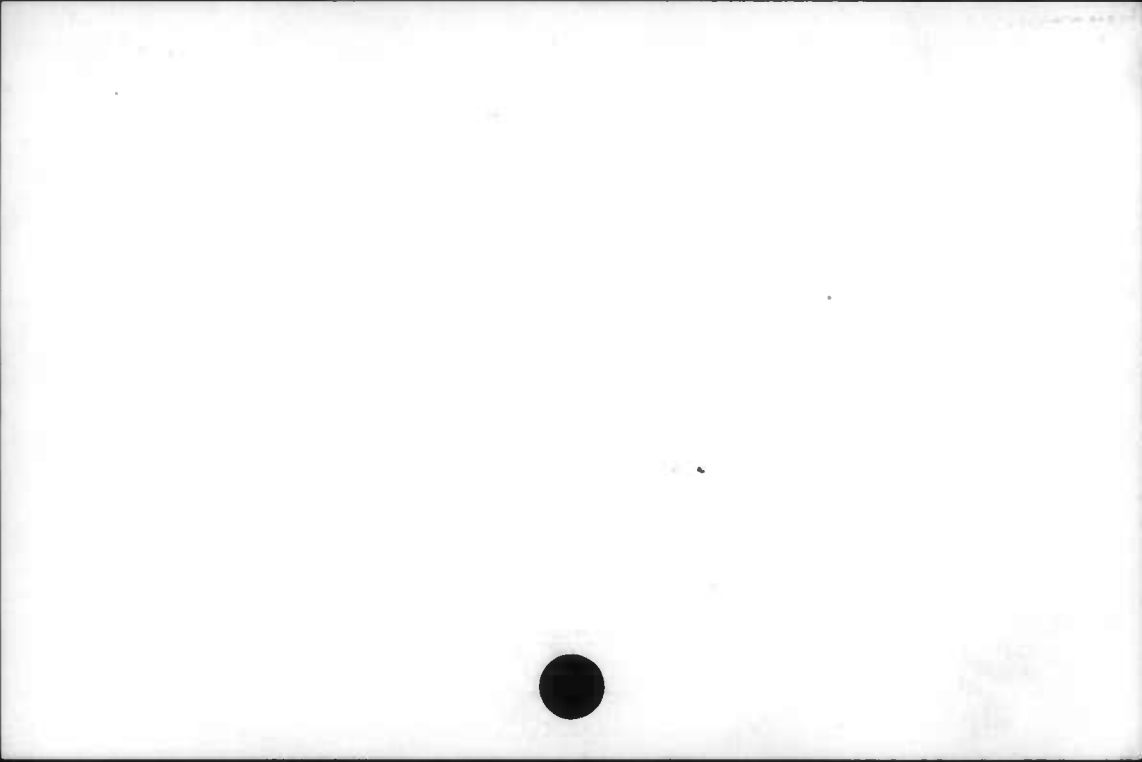
TO BE ANSWERED BY  
NEAREST FRIEND

Name *Carrie White* Town *St Michaels* County *Frederick* MARYLAND  
Died at *St Michaels*  
Date of death 190 *9* July *14* Age *24* Months *6* Days  
Sex *Female* Color or Race *Colored* Birth-place *St Michaels*  
Occupation *Housewife* Where Residing if not at place of death *St Michaels*  
Married, Single or Widowed *Single* Name of Wife or Husband  
Father's Name *Walter Scott White* Father's Birthplace *St Michaels*  
Mother's Maiden Name *Josephine H. P. King* Mother's Birthplace *" "*  
Name of person giving Information *Walter S. White* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pulmonary tuberculosis* How long *3 months*  
Immediate *Heart failure*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. S. Lewis*  
Address *St Michaels Md*  
*Accident or Suicide*



Name  
in  
Full

Mildred Gertrude Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at St Michaels Town Talbot County

MARYLAND

Date of death 1909 July 27 Day 2 Months 28 Days

Sex Female Color or Race Black Birth-place St Michaels

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Howard Wilson Father's Birthplace St Michaels

Mother's Maiden Name Hattie Marcella Murray Mother's Birthplace St Michaels

Name of person giving Information Amanda Murray How related to deceased Grandmother

## CAUSES OF DEATH

Primary Convulsions How long one day

Immediate Heart failure How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. C. Davis  
St Michaels  
MD

Accident or Suicide

PHYSICIAN  
OR CORONER

